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|--|-------|----------|----------------------|
|  |       | Subclass | ISSUE CLASSIFICATION |
|  | Class |          |                      |

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PATENT NUMBER

**U.S. UTILITY Patent Application**

|                               |             |
|-------------------------------|-------------|
| O.I.P.E.                      | PATENT DATE |
| SCANNED <u>164</u> Q.A. _____ |             |

|                 |            |       |          |          |          |
|-----------------|------------|-------|----------|----------|----------|
| APPLICATION NO. | CONT/PRIOR | CLASS | SUBCLASS | ART UNIT | EXAMINER |
| 09/913159       | D F        | 435-1 | 78       | 1646     | HILL     |

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## **ISSUING CLASSIFICATION**

| TERMINAL<br>DISCLAIMER  | DRAWINGS  |             |            | CLAIMS ALLOWED             |                      |
|---|---|-------------|------------|----------------------------|----------------------|
|   | Sheets Drwg.  | Figs. Drwg. | Print Fig. | Total Claims               | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  |   |             |            | NOTICE OF ALLOWANCE MAILED |                      |
|   | _____<br>(Assistant Examiner) _____<br>(Date)         |             |            |                            |                      |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br><br>_____<br><br>_____ |   |             |            | ISSUE FEE                  |                      |
|   | _____<br>(Primary Examiner) _____<br>(Date)           |             |            | Amount Due                 | Date Paid            |
| <input type="checkbox"/> The terminal _____ months of<br>this patent have been disclaimed.  |   |             |            | ISSUE BATCH NUMBER         |                      |
|   | _____<br>(Legal Instruments Examiner) _____<br>(Date) |             |            |                            |                      |

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